



REPLY UNDER 37 C.F.R. 1.116
EXPEDITED PROCEDURE
TECHNOLOGY CENTER 3682

Our Reference: VWP-514-A

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bernd Walther
Serial Number: 10/089,798
Filing Date: April 3, 2002
Examiner/Art Group Unit: Mcanulty, Timothy P./3682
Title: WIPING DEVICE

AMENDMENT AFTER FINAL

MS AF
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

If any charges or fees must be paid in connection with the following communication, they may be paid out of our Deposit Account No. 25-0115.

In response to the Office Action dated February 24, 2005, please make the amendments shown in the attached papers in this application in the:

☐

Amendments to the Abstract.

☐

Amendments to the Specification.

☒

Amendments to the Claims.

☐

Amendments to the Drawings.

05/02/2005 GJOHNSON 00000002 250115 10089798

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200.00 DA

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/089798

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	7 minus 20=	*
INDEPENDENT CLAIMS	2 minus 3=	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

4-27-05
136 CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 12	Minus	** 20	=
	Independent	* 4	Minus	*** 3	= 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY
TYPE ☐OR OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	150.00
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE	FEE
BASIC FEE	300.00
X\$50=	
X200=	
+360=	
TOTAL	890

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 25=	
X100=	
+180=	

OR

RATE	ADDI- TIONAL FEE
X\$50=	
X200=	
+360=	